

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003 10232 -62-040214

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10232

FILED NOV 1 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>		c. CITY OR TOWN <u>ST. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>4023 McDonald</u>	
3. NAME OF DECEASED (Type or print) <u>HENRY B. FRERICHS</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 21, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED PRINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>HERMAN FRERICHS</u>		11b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		12b. SOCIAL SECURITY NO. <u>34</u>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Emphysema, Obstructive, Senile</u>		13b. NAME OF HUSBAND OR WIFE <u>MAMIE FRERICHS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>527.1</u>		14. NAME OF HUSBAND OR WIFE <u>MAMIE FRERICHS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		15. INFORMANT <u>MAMIE FRERICHS</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>5:30</u> a.m. <u>p.m.</u> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20h. STATE		20i. DATE SIGNED	
21. I attended the deceased from <u>1959</u> to <u>10/23</u> and last saw her alive on <u>Oct 23, 1962</u>		21b. DATE SIGNED	
21c. Death occurred at <u>Oct 23, 1962, 5:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		21d. DATE SIGNED	
22a. SIGNATURE <u>John G. Mauchert M.D.</u>		22b. ADDRESS <u>3707 Watson Rd</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION Cem.</u>		22d. LOCATION (City, town, or county) <u>ST. Louis Co Mo</u>	
22e. DATE RECD. BY LOCAL REG. <u>OCT 25 1962</u>		22f. REGISTRAR'S SIGNATURE <u>Dean Smith M.D.</u>	

USE BLACK INK

OR
TYPEWRITER RIBBON

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BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Corley Thompson Jr.

Licensed Embalmer No.

4861

P. O. Address

St. Louis 19, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*At John H. Matthews
2707 Watson Road
ST-1-3886
1-330m aut med*